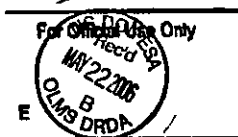


U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington, DC 20210**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86 257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

1 File Number U <u>NA</u> <u>25860</u>	2 Fiscal Year Covered From <u>11/1/2005</u> Through <u>12/31/2005</u>
3 Name and address of person filing Name <u>ERNEST J. GRIMALVA</u> P O Box, Bldg., Room No. If any _____ Street <u>802 SAGE DR</u> City <u>VACAVILLE</u> State <u>CA</u> ZIP Code + 4 <u>95667</u>	4 Name file number and address of labor organization. Name <u>MAIL HANDLERS UNION Local 302</u> Labor Organization File Number <u>091866</u> P O Box, Building and Room Number If any <u>301</u> Street <u>5901 CHRISTIE AVE</u> City <u>EMERYVILLE</u> State <u>CA</u> ZIP Code + 4 <u>94608</u>
5 Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name if any)

Name \_\_\_\_\_  
Trade Name if any \_\_\_\_\_  
P O Box Bldg., Room No., if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

7.a. Nature of Interest, Transaction, or Income

7.b. Amount.

**Signature**

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct and complete. (See the section on penalties in the instructions.)

Signed

*Ernest J. Grimalva*

On

5-15-06

Date

(510) 597-1501

Telephone Number

Name of Person Filing

File Number U

1 Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or 2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name if any)

Name First Health

Trade Name if any

P O Box, Bldg., Room No., if any

Street 3200 - HIGHLAND AVE.

City Downers Grove

State Illinois ZIP Code + 4 60515

9 Business deals with:

☒ a Labor Organization

☐ b. Trust

☐ c. Employer

10 If 9 b. or 9.c. is checked give trust or employer's name.

Name

Trade Name if any

P O Box Bldg. Room No. if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Administrator of Health Plan

11.b. Approximate dollar value of such dealing

Over 1 Billion

12.a. Nature of interest held or income received

Attended Health Plan seminar  
3 Breakfasts  
4 Dinners

12.b. Amount.

250

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name if any

P O Box, Bldg. Room No. if any

Street

City

State ZIP Code + 4

14.a. Nature of payment



13.b. Is the Business an Employer ☐

or Consultant ☐ ?

14.b. Amount of payment.